



CITY OF SAN ANTONIO
DEVELOPMENT SERVICES DEPARTMENT
P.O. BOX 839966 | SAN ANTONIO TEXAS 78283-3966



Scrap Tire Facility License Application

New License: ☐ Renewal: ☐

Today's Date: _____

Business Information

Full Business Name:	
Business Mailing Address:	
Business Phone:	
Name of Owner/Manager/Agent:	
Business Address Where Records Will Be Maintained:	
Physical Address: (If different from Business Address):	

Tire Information

Number of Scrap Tires Stored on-site:	Will you be transporting tires?: Yes <input type="checkbox"/> or No <input type="checkbox"/> (if YES, complete a tire transporter application)
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Certification

I, _____ do hereby apply to the City of San Antonio for a license to operate a Scrap Tire Facility within the corporate limits of the City of San Antonio, Texas. The license applied for shall be subject to all provisions of the codes and ordinances of the City relating to used/scrap tires as well as all state and federal regulations relating to such operations.

Required Signatures

Printed Name of Owner:	Date:
Signature of Owner:	

Mail application to:

Development Services Department
Field Services Division
c/o Scrap Tire Program
PO Box 839966
San Antonio, TX 78283

Or Drop off in person at:

Cliff Morton Business Development Center
Development Services Department
1901 S. Alamo
San Antonio, TX 78204

Payment Information (FOR OFFICIAL USE ONLY)

Processing Fee (One-Time): \$	Date PAID:
License Fee: \$	Date PAID:
Truck Transporter Fee: \$	Date PAID:
License #:	Date Licensed:
Customer #:	Sales Order #: Invoice #:



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Tire Transporter Permit Application

Business Information

Full Business Name:	
Business Mailing Address:	
Business Phone:	
Name of Owner/Manager/Agent:	
Business Address Where Records Will Be Maintained:	
Physical Address: (If different from Business Address):	

Complete page two and attach additional pages if necessary

Certification

I, _____ do hereby apply to the City of San Antonio for a permit to transport tires within the corporate limits of the City of San Antonio, Texas. The permit applied for shall be subject to all provisions of the codes and ordinances of the City relating to used/scrap tire transportation as well as all state and federal regulations relating to such operations.

Required Signatures

Printed Name of Owner:	Date:
Signature of Owner:	

Mail application to:

Development Services Department
Field Services Division
c/o Scrap Tire Program
PO Box 839966
San Antonio, TX 78283

Or Drop off in person at:

Cliff Morton Business Development Center
Development Services Department
1901 S. Alamo
San Antonio, TX 78204

FOR OFFICIAL USE ONLY:

Decal #: _____
Date Issued: _____
Invoice #: _____

Permit #: _____
Date Issued: _____
Date Paid: _____

Driver Information			
Name of Driver	Home Address	Driver's License Number and State of Issue	Driver's Transporter Permit Has Not Been Revoked in Last 3 Years? YES _____ NO _____

Description of Truck(s)	
#1 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	
#2 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	
#3 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	
#4 Make and Model:	
Year of Manufacture:	
License #:	
Color:	
Vehicle Identification Number (VIN) #:	
Registered Owner:	

(Please make additional copies of this page if more space is required.)

City of San Antonio

Customer Master Request Form

(e-mail completed form to SAP CUSTOMER MAINTENANCE)

Please select what is being requested:

☒ Create new customer

☐ Make the following changes to customer #

If requesting new customer, select customer type:

☒ General Customer (1130310)

☐ Employee (1130610)

☐ Hotel/Motel (1130310)

☐ Gov't (1130340)

Customer Name:

Street Address:

City:

State:

Zip:

PO Box:

PO Box Zip:

Phone #:

ext:

Fax #:

Email:

Contact Person:

Phone #:

Payment Terms: (Complete only if not 'pay immediately'.)

Acctg Clerk:

Usually the department requesting the customer (example: 09-ITSD; 07-Finance) unless your department has made arrangements to use this field to designate a specific section (Example: DW – Dwyer, CR – Childcare Recoupment)

If the requested customer has a different payer or bill-to to address, please enter the payer/bill-to customer number:

Comment:

Requested by:	Phone number:
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For any questions or clarifications, please e-mail SAP Customer Maintenance. Thank you.